

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P99 0000 17079

Tack Services, Trice

Principal Place of Business

Mailing Address

FILED 00 NOV -1 PM 2: 07 SELRETARY OF STATE TALLAHASSEE, FLORIDA

4637 Pundre Drive Baymton Berly FL 30006 Boynton Berly F DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/22/99 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For Not Applicable 26 65-08955C Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country Country 8. This corporation owes the current year Intangible  $\times$ No 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition DELETE Change 1.1 TITLE 12 NAME 500003459755--4 STREET ADDRESS 1.3 STREET ADDRESS -11/09/00--01117--014 14 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE THE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP DITY ST ZIP Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS - REET ADDRESS --- ST-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE THE 4. 2 NAME 4.3 STREET ADDRESS - PERFECT ACCUMENTS 4.4 CITY-ST-ZIP T ST-ZIP □ DELETE ☐ Addition 5.1 TITLE HILL 5.2 NAME 5.3 STREET ADDRESS SHEET ADDRESS 5.4 CITY-ST-ZIP ··· •- ST- ZIF ☐ DELETE 6.1 TITLE ☐ Addition 6.2 NAME 6.3 STREET ADDRESS - PER LADIOUS SS 6.4 CITY-ST-ZIP ···· ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

CR2E034

SIGNATURE COID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

## 0

## MAIN-ON FLEET SERVICES, INC.

## 4637 PURDUE DRIVE BOYNTON BEACH, FL. 33436

**OCTOBER 24, 2000** 

DIVISION OF CORPORATIONS ANNUAL REPORTS SECTION P. O. BOX 6327 TALLAHASSEE, FL. 32314 ATTN: MR. SAMMY CALDWELL

**RE: 2000 PROFIT CORPORATION ANNUAL REPORT** 

**DEAR MR. CALDWELL:** 

I RECEIVED YOUR APPLICATION FOR REINSTATEMENT. I NEVER RECEIVED THE FIRST ANNUAL REPORT.

BEING A NEW CORPORATION, I WAS NOT AWARE OF THIS REPORT.

I AM ENCLOSING HEREWITH MY CHECK FOR \$ 150.00 AND MY ANNUAL REPORT. I FEEL I AM NOT RESPONSIBLE FOR THE PENALTY, BECAUSE I NEVER RECEIVED THE FIRST ANNUL REPORT.

THANKING YOU IN ADVANCE FOR YOUR CONSIDERATION ON THE ABOVE MATTERS.

**VERY TRULY YOURS.** 

PRESIDENT